

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000084284

FILED  
May 16, 2005  
Secretary of State

Entity Name: C.W. CONSTRUCTION UNLIMITED INC.

## Current Principal Place of Business:

2632 PEMBERTON DR. SUITE 102  
APOPKA, FL 32703

## New Principal Place of Business:

## Current Mailing Address:

2632 PEMBERTON DR. SUITE 102  
APOPKA, FL 32703

## New Mailing Address:

FEI Number: 59-3664899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, CRAIG  
1433 ATLANTIS DR.  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALLACE, CRAIG  
Address: 9427 BEAR LAKE CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: VECCHIO, MICHEAL  
Address: 709 CROSBY DR.  
City-St-Zip: ALTAMONT SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AVP ( ) Change (X) Addition  
Name: MANFREDE, LARRY M  
Address: 6742 MERLIN CT.  
City-St-Zip: ORLANDO, FL 32810

Title: FA ( ) Change (X) Addition  
Name: MANFREDE, BRETT  
Address: 6742 MERLIN CT.  
City-St-Zip: ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG WALLACE

PD

05/16/2005

Electronic Signature of Signing Officer or Director

Date